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CONFIRMATION NO. 4411

<b>SERIAL NUMBER</b> 10/612,852	<b>FILING OR 371(c) DATE</b> 07/03/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> 7404-543
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/887,574 06/21/2001 ABN which is a CON of 09/552,243 04/19/2000 PAT 6,352,514 which is a CON of 09/298,386 04/23/1999 PAT 6,099,484 which is a CON of 08/858,042 05/16/1997 PAT 5,951,492 which claims benefit of 60/017,133 05/17/1996 and claims benefit of 60/019,918 06/14/1996 and claims benefit of 60/023,658 08/01/1996 and claims benefit of 60/025,340 09/03/1996 and claims benefit of 60/064,856 09/17/1996 and claims benefit of 60/092,121 09/16/1996 and claims benefit of 60/044,406 10/08/1996

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## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
09/30/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>MA</u> Examiner's Signature <u>MA</u> Initials				

## ADDRESS

41577

## TITLE

Methods and apparatus for sampling and analyzing body fluid

<b>FILING FEE RECEIVED</b> 4470	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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